က်

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Pre application of:

Masaki HOSHINA of Nagano-ken, Japan

Serial No: Not assigned

Filed: February 6, 2004

Contact-Free Data Communications System, Data Communications Device, For: Contact-Free Identification Tag, Program for Controlling the Contact-Free Identification

Tag, and Program for Controlling the Data Communications Device

Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

CORRESPONDENCE ADDRESS:

☐ Customer Number 000026021

Registration No. 41,232

Attorney for Applicant(s)

				100000					
	Applicant claims small entity status. See 37 CFR 1.27. □ Declaration and Power of Attorney □ is enclosed □ will follow. □ A certified copy of <u>Japanese</u> Patent Application No. <u>2003-032541</u> filed <u>February 10, 2003</u> from which priority is claimed under 35 U.S.C. § 119 will follow. □ IDS enclosed (□ with <u>reference(s))</u> . □ Preliminary Amendment is enclosed. □ Application data sheet is enclosed. See 37 CFR 1.76.								
	eturn postcard is enclosed.	CAI	CULA	TION OF FEES					
	ITEM	TOTAL NO. OF CLAIMS		NO. OF CLAIMS OVER BASE	LG/SM \$ ENTITY FEE		\$ AMOUNT	\$ FEE	
А	TOTAL CLAIMS FEDE	20	-20	0	LG=\$18 SM=\$9	\$18	\$ 0		
В	INDEPENDENT CLAIMS FEE*	9	-3	6	LG=\$86 SM=\$43	\$86	516		
С	SUBTOTAL - ADDITIONAL CLAIM	IS FEE (ADD FINAL COL	AI AML	I LINES A + B)					
D	MULTIPLE-DEPENDENT CLAIMS	SIMALL ENTITY FEE - \$143							
E	BASIC FEE				LARGE ENTITY FEE = \$770 SMALL ENTITY FEE = \$385 \$ 770				
F	TOTAL FILING FEE (ADD TOTAL		E)		\$ 1286				
G							\$ 40		
<u></u>	*LIST INDEPENDENT CLAIMS 1, 3, 5, 7, 8, 9, 11, 13 and 19.								
 □ Please charge my Deposit Account No. 50-1314 the amount of \$_0 A copy of this letter is enclosed. □ A check in the amount of \$_0_ to cover the filing fee is enclosed. □ A check in the amount of \$_40.00_ to cover Assignment Recordation fee is enclosed. □ The Commissioner is hereby authorized to charge any deficiency for the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed. □ Any additional filing fees required under 37 C.F.R. 1.16 □ Any patent application processing fees under 37 C.F.R. 1.17 									
				Respectfully/sub HOGAN& MART	mitted,		•		

Date: February 6, 2004

500 South Grand Avenue, Suite 1900

Los Angeles, CA 90071

Telephone: Facsimile:

(213) 337-6700

(213) 337-6701



	ĺ		UNITED STATES	PAIL	ENT AND TRADE		FFICE		٠.
		lication of:							•
Masaki HOSHINA of Nagano-ken, Japan									
Serial No: Not assigned									
File		February 6, 2004		D-4-	0	ovice			
For: Contact-Free Data Communications System, Data Communications Device, Contact-Free Identification Tag, Program for Controlling the Contact-Free Identification Tag, and Program for Controlling the Data Communications Device									
Mail	Stor	PATENT APPLICATION							
		sioner for Patents							
		c 1450	•						
		ria, VA 22313-1450			•				
Dear Sir: CORRESPONDENCE ADDRESS: Customer Number 000025021									
CO	KKE	SPONDENCE ADDRESS:	, μ	SJ Custor	mer Number 000026	021			
	١.								
		tted herewith for filing is the 0 sheet(s) of drawings ($oxed{igsel}$							
\boxtimes		sneed(s) of drawings (\(\simeger \) B page(s) of specification (and 1 nane(s) o	ii) istaii f ahstra	e) enclosed. act of the invention	are enclos	sed.		
X	An a	assignment of the invention	to SEIKO EPSOI	N COR	PORATION _] is	enclosed	⊠ will	follow.	
Ħ	An a	associate power of attorney	is enclosed	will foll	low.				
	App	olicant claims small entity sta	atus. See 37 CFR	1 <u>.2</u> 7.					
	Dec	claration and Power of Attor	ney 🔲 is enclosed	⊠ will	I follow.		. 40		
\bowtie		ertified copy of <u>Japanese</u>		n No	_2003-032541file	d <u>Febru</u>	ary 10,	2003 trom	which priority is
· —		med under 35 U.S.C. § 119 senclosed (with refe		•					• .
H		liminary Amendment is enc							•
	Apr	olication data sheet is enclose	sed. See 37 CFR 1	.76.					
		olication data sheet is enclo- turn postcard is enclosed.				·	<u></u>	· · · · · · · · · · · · · · · · · · ·	
			CA		ION OF FEES		·	· · · · · · · · · · · · · · · · · · ·	
					ION OF FEES NO. OF CLAIMS OVER BASE	LG/\$ \$ ENTIT	SM Y FEE	\$ AMOUNT	\$ FEE
	Ret	turn postcard is enclosed.	CA TOTAL NO. OF		NO. OF CLAIMS	\$ ENTIT LG=\$18 SM=\$9	6M Y FEE \$18	\$ AMOUNT \$ 0	\$ FEE
□ X A B	Ret	ITEM	CA TOTAL NO. OF CLAIMS	LCULAT	NO. OF CLAIMS OVER BASE	\$ ENTIT LG=\$18	Y FEE	 	\$ FEE
\vdash	Ret	ITEM TOTAL CLAIMS FEDE	TOTAL NO. OF CLAIMS 20 9	-20	NO. OF CLAIMS OVER BASE 0	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43	\$18 \$86	\$ 0 516	\$ FEE
В	Ret	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE*	CAI TOTAL NO. OF CLAIMS 20 9 IS FEE (ADD FINAL COL	-20	NO. OF CLAIMS OVER BASE 0	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43	\$18 \$86 \$GE ENTI	\$ 0	
В	Ret	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS	CAI TOTAL NO. OF CLAIMS 20 9 IS FEE (ADD FINAL COL	-20	NO. OF CLAIMS OVER BASE 0	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43	\$18 \$86 RGE ENTI ALL ENTI	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770	516
B C	Ret	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE	CAI TOTAL NO. OF CLAIMS 20 9 IS FEE (ADD FINAL COL	-20	NO. OF CLAIMS OVER BASE 0	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43	\$18 \$86 RGE ENTI ALL ENTI	\$ 0 516 TY FEE = \$290 TY FEE = \$145	516 \$ 0 \$ 770
BCC	Ret	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTAL)	CAI TOTAL NO. OF CLAIMS 20 9 IS FEE (ADD FINAL COL FEE S FOR LINES C, D, AND	-20	NO. OF CLAIMS OVER BASE 0	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43	\$18 \$86 RGE ENTI ALL ENTI	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770	516 \$ 0
B C	Ret	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1	CAI TOTAL NO. OF CLAIMS 20 9 IS FEE (ADD FINAL COL FEE S FOR LINES C, D, AND , 3, 5, 7, 8, 9, 11, 13 and	-20 -3 -3 -3 	NO. OF CLAIMS OVER BASE 0 6 LINES A + B)	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43	\$18 \$86 RGE ENTI ALL ENTI RGE ENTI	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40	516 \$ 0 \$ 770 \$ 1286
BCC	Ret	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1 Base charge my Deposit Acc	CAI TOTAL NO. OF CLAIMS 20 9 IS FEE (ADD FINAL COL FEE S FOR LINES C, D, AND , 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 t	-20 -3 -3 -3 -3 -3 -3 -3 -4 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$ 0 . A co	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43	\$18 \$86 RGE ENTI ALL ENTI RGE ENTI	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40	516 \$ 0 \$ 770 \$ 1286
BCC	Ret	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1 Base charge my Deposit According in the amount of \$ 0	S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 to cover the filing	LCULAT -20 -3 UMN IN 19. the among fee is	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$ A coenclosed.	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM	\$18 \$86 RGE ENTI ALL ENTI ALL ENTI	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40	516 \$ 0 \$ 770 \$ 1286
BCC	Ret	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1 Base charge my Deposit According in the amount of \$ 0 Check in the amount of \$ 4	S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 t to cover the filing 0,00 to cover Ass	LCULAT -20 -3 UMN IN 19 the among fee is ignmen	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$ A conclused. Int Recordation fee is	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM	\$18 \$86 RGE ENTI ALL ENTI ALL ENTI Letter is	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40 enclosed.	516 \$ 0 \$ 770 \$ 1286 \$ 40
BCC	Ple A C A C Thu	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIMS MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1 Passe charge my Deposit According in the amount of \$	S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 to cover the filing 0.00 to cover Assauthorized to charge	LCULAT -20 -3 UMN IN 19 the amount fee is ignmer any decrease and decrease any decrease and decrease any decrease and decrease any decrease any decrease any decrease any decrease any	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$_0 . A coenclosed. at Recordation fee is eficiency for the followed.	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM LAF SM	\$18 \$86 RGE ENTI ALL ENTI RGE ENTI ALL ENTI letter is	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40 enclosed.	516 \$ 0 \$ 770 \$ 1286 \$ 40
BCC	Ple A C A C Thu	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1 case charge my Deposit According in the amount of \$ 0 Check in the amount of \$ 4 e Commissioner is hereby a mmunication or credit any of Any additional filing fees in	S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 to cover the filling 0.00 to cover Assauthorized to charge overpayment to Deprequired under 37 C	LCULAT -20 -3 UMN IN 19. the amount of fee is ignmer e any do sit Acc.F.R. 1	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$ 0 A coenclosed. at Recordation fee in the following for the foll	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM LAF SM	\$18 \$86 RGE ENTI ALL ENTI RGE ENTI ALL ENTI letter is	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40 enclosed.	516 \$ 0 \$ 770 \$ 1286 \$ 40
BCC	Ple A C A C Thu	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1 ease charge my Deposit According in the amount of \$ _ 0 check in the amount of \$ _ 4 e Commissioner is hereby a mmunication or credit any o	S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 to cover the filling 0.00 to cover Assauthorized to charge overpayment to Deprequired under 37 C	LCULAT -20 -3 UMN IN 19. the amount of fee is ignmer e any do sit Acc.F.R. 1	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$ 0 A coenclosed. at Recordation fee in the following for the foll	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM LAF SM	\$18 \$86 RGE ENTI ALL ENTI RGE ENTI ALL ENTI letter is	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40 enclosed.	516 \$ 0 \$ 770 \$ 1286 \$ 40
BCC	Ple A C A C Thu	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1 case charge my Deposit According in the amount of \$ 0 Check in the amount of \$ 4 e Commissioner is hereby a mmunication or credit any of Any additional filing fees in	S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 to cover the filling 0.00 to cover Assauthorized to charge overpayment to Deprequired under 37 C	LCULAT -20 -3 UMN IN 19. the amount of fee is ignmer e any do sit Acc.F.R. 1	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$ 0 A coenclosed. at Recordation fee in the following for the foll	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM LAF SM	\$18 \$86 RGE ENTI ALL ENTI RGE ENTI ALL ENTI letter is	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40 enclosed.	516 \$ 0 \$ 770 \$ 1286 \$ 40
BCC	Ple A C A C Thu	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1 case charge my Deposit According in the amount of \$ 0 Check in the amount of \$ 4 e Commissioner is hereby a mmunication or credit any of Any additional filing fees in	S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 to cover the filling 0.00 to cover Assauthorized to charge overpayment to Deprequired under 37 C	LCULAT -20 -3 UMN IN 19. the amount of fee is ignmer e any do sit Acc.F.R. 1	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$ 0 . A coenclosed. Int Recordation fee is deficiency for the followout No. 50-1314. I.16 F.R. 1.17	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM LAF SM	\$18 \$86 RGE ENTI ALL ENTI RGE ENTI ALL ENTI letter is	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40 enclosed.	516 \$ 0 \$ 770 \$ 1286 \$ 40
B C C C C C C C C C C C C C C C C C C C	Ple A C A C The COI	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE* *LIST INDEPENDENT CLAIMS 1 Passe charge my Deposit Accepted in the amount of \$ 0 Check in the amount of \$ 4 e Commissioner is hereby a munication or credit any of Any additional filling fees in Any patent application pro-	S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 to cover the filling 0.00 to cover Assauthorized to charge overpayment to Deprequired under 37 C	LCULAT -20 -3 UMN IN 19. the amount of fee is ignmer e any do sit Acc.F.R. 1	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$_0 . A correction fee is efficiency for the follocount No. 50-1314. 1.16 F.R. 1.17 Respectfully SAF	\$ ENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM LAF SM	\$18 \$86 RGE ENTI ALL ENTI RGE ENTI ALL ENTI letter is	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40 enclosed.	516 \$ 0 \$ 770 \$ 1286 \$ 40
B C C C C C C C C C C C C C C C C C C C	Ple A C A C The COI	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIM MULTIPLE-DEPENDENT CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE *LIST INDEPENDENT CLAIMS 1 case charge my Deposit According in the amount of \$ 0 Check in the amount of \$ 4 e Commissioner is hereby a mmunication or credit any of Any additional filing fees in	S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 to cover the filling 0.00 to cover Assauthorized to charge overpayment to Deprequired under 37 C	LCULAT -20 -3 UMN IN 19. the amount of fee is ignmer e any do sit Acc.F.R. 1	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$_0 . A column and the condition of the column and the col	SENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM LAF SM Opy of this s enclosed owing fee A copy of this shifted,	\$18 \$86 RGE ENTI ALL ENTI RGE ENTI ALL ENTI letter is	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40 enclosed.	516 \$ 0 \$ 770 \$ 1286 \$ 40
	Plea A C A C The Cool	ITEM TOTAL CLAIMS FEDE INDEPENDENT CLAIMS FEE* SUBTOTAL - ADDITIONAL CLAIMS BASIC FEE TOTAL FILING FEE (ADD TOTALS ASSIGNMENT RECORDING FEE* *LIST INDEPENDENT CLAIMS 1 Passe charge my Deposit Accepted in the amount of \$ 0 Check in the amount of \$ 4 e Commissioner is hereby a munication or credit any of Any additional filling fees in Any patent application pro-	TOTAL NO. OF CLAIMS 20 9 IS FEE (ADD FINAL COL FEE S FOR LINES C, D, AND 3, 5, 7, 8, 9, 11, 13 and count No. 50-1314 t to cover the filing 0.00 to cover Ass authorized to charge overpayment to Dep required under 37 C occessing fees under	LCULAT -20 -3 UMN IN 19. the amount of fee is ignmer e any do sit Acc.F.R. 1	NO. OF CLAIMS OVER BASE 0 6 LINES A + B) ount of \$_0 . A correctory for the follocount No. 50-1314. 1.16 F.R. 1.17 Respectfully SU HOGAN & MAR	SENTIT LG=\$18 SM=\$9 LG=\$86 SM=\$43 LAF SM LAF SM Copy of this senclosed owing fee A copy of the copy o	\$18 \$18 \$86 \$86 \$86 \$86 \$86 \$86 \$86 \$86 \$86 \$8	\$ 0 516 TY FEE = \$290 TY FEE = \$145 TY FEE = \$770 TY FEE = \$385 \$ 40 enclosed.	516 \$ 0 \$ 770 \$ 1286 \$ 40

500 South Grand Avenue, Suite 1900 Los Angeles, CA 90071 Telephone: (213) 337-6700 Facsimile: (213) 337-6701

Attorney Docket No: 81754.0108

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re ap	oplication of:		Art Unit:	Not assigned
Masak	i HOSHINA		Examiner:	Not assigned
Serial I	No: Not assigned			
Filed:	February 6, 2004			
For:	Contact-Free Data Communications System, Communications Device, Contact-Free Identi Program for Controlling the Contact-Free Identi Program for Controlling the Data Communication	fication Tag, ntification Tag, and		·
	CERTIFICATE OF MAILING "Express Mail" Mailing Lab Date of Deposit: I	el No. <u>EV 324 112 0</u> 2		
Commi	op PATENT APPLICATION issioner for Patents ox 1450 dria, VA 22313-1450			
Dear S	ir:			
	I hereby certify that	ecification <u>; 20</u> cla	im(s); <u>1</u> r	page(s) of abstract
are be service	ing deposited with the United States Postal with sufficient postage under 37 C.F.R. § 1.10	Service "Express I on the date indicate	Mail Post Or ed above and	ffice to Addressee are addressed to:
	Mail Stop PATENT APPLICA Commissioner for Patents P.O. Box 1450 Arlington, VA 22313-1450	TION		
Date:	February 6, 2004		<u>/naldo Gallar</u>	
500 So Los An Teleph	& Hartson, LLP outh Grand Avenue, Suite 1900 geles, California 90071 one: 213-337-6700 oile: 213-337-6701	Name of E	person mailin	g papers